

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (Optional):</div> </div> <div style="display: flex; justify-content: space-between;"> <div>E-MAIL ADDRESS (Optional):</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>ATTORNEY FOR (Name):</div> <div></div> </div>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS:  MAILING ADDRESS:  CITY AND ZIP CODE:  BRANCH NAME:	
CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name):  <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	
<b>CAPACITY DECLARATION—CONSERVATORSHIP</b>	CASE NUMBER

**TO PHYSICIAN, PSYCHOLOGIST, OR RELIGIOUS HEALING PRACTITIONER**

The purpose of this form is to enable the court to determine whether the (proposed) conservatee (*check all that apply*):

- A. ☐ is able to attend a court hearing to determine whether a conservator should be appointed to care for him or her. The court hearing is set for (date): . (*Complete item 5, sign, and file page 1 of this form.*)
- B. ☐ has the capacity to give informed consent to medical treatment. (*Complete items 6 through 8, sign page 3, and file pages 1 through 3 of this form.*)
- C. ☐ has dementia and, if so, (1) whether he or she needs to be placed in a secured-perimeter residential care facility for the elderly, and (2) whether he or she needs or would benefit from dementia medications. (*Complete items 6 and 8 of this form and form GC-335A; sign and attach form GC-335A. File pages 1 through 3 of this form and form GC-335A.*)

(*If more than one item is checked above, sign the last applicable page of this form or form GC-335A if item C is checked. File page 1 through the last applicable page of this form; also file form GC-335A if item C is checked.*)

**COMPLETE ITEMS 1–4 OF THIS FORM IN ALL CASES.**

**GENERAL INFORMATION**

1. (Name):
2. (Office address and telephone number):

3. I am

- a. ☐ a California licensed ☐ physician ☐ psychologist acting within the scope of my licensure ☐ with at least two years' experience in diagnosing dementia.
- b. ☐ an accredited practitioner of a religion whose tenets and practices call for reliance on prayer alone for healing, which religion is adhered to by the (proposed) conservatee. The (proposed) conservatee is under my treatment. (*Religious practitioner may make the determination under item 5 ONLY.*)

4. (Proposed) conservatee (name):

- a. I last saw the (proposed) conservatee on (date):
- b. The (proposed) conservatee ☐ is ☐ is NOT a patient under my continuing treatment.

**ABILITY TO ATTEND COURT HEARING**

5. A court hearing on the petition for appointment of a conservator is set for the date indicated in item A above. (*Complete a or b.*)

- a. ☐ The proposed conservatee is able to attend the court hearing.
- b. ☐ Because of medical inability, the proposed conservatee is NOT able to attend the court hearing (*check all items below that apply*)
  - (1) ☐ on the date set (*see date in box in item A above*).
  - (2) ☐ for the foreseeable future.
  - (3) ☐ until (date):
  - (4) **Supporting facts** (*State facts in the space below or check this box ☐ and state the facts in Attachment 5*):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:



(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

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CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name):  <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	CASE NUMBER:
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## 6. EVALUATION OF (PROPOSED) CONSERVATEE'S MENTAL FUNCTIONS

**Note to practitioner:** This form is *not* a rating scale. It is intended to assist you in recording your *impressions* of the (proposed) conservatee's mental abilities. Where appropriate, you may refer to scores on standardized rating instruments.

**(Instructions for items 6A–6C):** Check the appropriate designation as follows: **a** = no apparent impairment; **b** = moderate impairment; **c** = major impairment; **d** = so impaired as to be incapable of being assessed; **e** = I have no opinion.)

### A. Alertness and attention

- (1) Levels of arousal (lethargic, responds only to vigorous and persistent stimulation, stupor)  
 a ☐ b ☐ c ☐ d ☐ e ☐
- (2) Orientation (types of orientation impaired)  
 a ☐ b ☐ c ☐ d ☐ e ☐ Person  
 a ☐ b ☐ c ☐ d ☐ e ☐ Time (day, date, month, season, year)  
 a ☐ b ☐ c ☐ d ☐ e ☐ Place (address, town, state)  
 a ☐ b ☐ c ☐ d ☐ e ☐ Situation ("Why am I here?")
- (3) Ability to attend and concentrate (give detailed answers from memory, mental ability required to thread a needle)  
 a ☐ b ☐ c ☐ d ☐ e ☐

### B. Information processing. Ability to:

- (1) Remember (ability to remember a question before answering; to recall names, relatives, past presidents, and events of the past 24 hours)
  - i. Short-term memory      a ☐ b ☐ c ☐ d ☐ e ☐
  - ii. Long-term memory      a ☐ b ☐ c ☐ d ☐ e ☐
  - iii. Immediate recall      a ☐ b ☐ c ☐ d ☐ e ☐
- (2) Understand and communicate either verbally or otherwise (deficits reflected by inability to comprehend questions, follow instructions, use words correctly, or name objects; use of nonsense words)  
 a ☐ b ☐ c ☐ d ☐ e ☐
- (3) Recognize familiar objects and persons (deficits reflected by inability to recognize familiar faces, objects, etc.)  
 a ☐ b ☐ c ☐ d ☐ e ☐
- (4) Understand and appreciate quantities (deficits reflected by inability to perform simple calculations)  
 a ☐ b ☐ c ☐ d ☐ e ☐
- (5) Reason using abstract concepts. (deficits reflected by inability to grasp abstract aspects of his or her situation or to interpret idiomatic expressions or proverbs)  
 a ☐ b ☐ c ☐ d ☐ e ☐
- (6) Plan, organize, and carry out actions (assuming physical ability) in one's own rational self-interest (deficits reflected by inability to break complex tasks down into simple steps and carry them out)  
 a ☐ b ☐ c ☐ d ☐ e ☐
- (7) Reason logically.  
 a ☐ b ☐ c ☐ d ☐ e ☐

### C. Thought disorders

- (1) Severely disorganized thinking (rambling thoughts; nonsensical, incoherent, or nonlinear thinking)  
 a ☐ b ☐ c ☐ d ☐ e ☐
- (2) Hallucinations (auditory, visual, olfactory)  
 a ☐ b ☐ c ☐ d ☐ e ☐
- (3) Delusions (demonstrably false belief maintained without or against reason or evidence)  
 a ☐ b ☐ c ☐ d ☐ e ☐
- (4) Uncontrollable or intrusive thoughts (unwanted compulsive thoughts, compulsive behavior).  
 a ☐ b ☐ c ☐ d ☐ e ☐

(Continued on next page)

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): _____	CASE NUMBER: _____
_____ <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	

6. (continued)

- D. **Ability to modulate mood and affect.** The (proposed) conservatee ☐ has ☐ does NOT have a pervasive and persistent or recurrent emotional state that appears inappropriate in degree to his or her circumstances. (If so, complete remainder of item 6D.) ☐ I have no opinion.

*(Instructions for item 6D: Check the degree of impairment of each inappropriate mood state (if any) as follows: a = mildly inappropriate; b = moderately inappropriate; c = severely inappropriate.)*

Anger a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/>	Euphoria a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/>	Helplessness a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/>
Anxiety a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/>	Depression a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/>	Apathy a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/>
Fear a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/>	Hopelessness a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/>	Indifference a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/>
Panic a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/>	Despair a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/>	

- E. The (proposed) conservatee's periods of impairment from the deficits indicated in items 6A–6D

- (1) ☐ do NOT vary substantially in frequency, severity, or duration.  
 (2) ☐ do vary substantially in frequency, severity, or duration (*explain; continue on Attachment 6E if necessary*):

- F. ☐ (Optional) Other information regarding my evaluation of the (proposed) conservatee's mental function (e.g., diagnosis, symptomatology, and other impressions) is ☐ stated below ☐ stated in Attachment 6F.

### ABILITY TO CONSENT TO MEDICAL TREATMENT

7. Based on the information above, it is my opinion that the (proposed) conservatee
- a. ☐ has the capacity to give informed consent to any form of medical treatment. This opinion is limited to medical consent capacity.
  - b. ☐ lacks the capacity to give informed consent to any form of medical treatment because he or she is **either** (1) unable to respond knowingly and intelligently regarding medical treatment **or** (2) unable to participate in a treatment decision by means of a rational thought process, **or both**. The deficits in the mental functions described in item 6 above significantly impair the (proposed) conservatee's ability to understand and appreciate the consequences of medical decisions. This opinion is limited to medical consent capacity.

*(Declarant must initial here if item 7b applies: \_\_\_\_\_.)*

8. Number of pages attached: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_



(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)